

ATTORNEY DOCKET NO. 22499-66044

PATENT

## SIGNATURE(S)

## 1. FULL NAME OF SOLE OR FIRST INVENTOR

John  
(GIVEN NAME)Barthelow  
(MIDDLE INITIAL OR NAME)CLASSEN  
FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE

John B ClassenDATE 11/21/99

COUNTRY OF CITIZENSHIP

USRESIDENCE 6517 Montrose Avenue, Baltimore, MD 21212

POST OFFICE ADDRESS

SAME

## 2. FULL NAME OF SECOND JOINT INVENTOR (IF ANY)

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE

DATE

COUNTRY OF CITIZENSHIP

RESIDENCE

POST OFFICE ADDRESS

SAME

## 3. FULL NAME OF THIRD JOINT INVENTOR (IF ANY)

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE

DATE

COUNTRY OF CITIZENSHIP

RESIDENCE

POST OFFICE ADDRESS

Attorney Docket No: 22499-bb044

PATENT

**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR §§ 1.9(f) and 1.27(c)) -SMALL BUSINESS CONCERN**

Applicant, Patentee or Identifier: John Barthelow Classen

Application Serial No. or Patent No.: \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

Title: **SYSTEM FOR CREATING AND MANAGING PROPRIETARY  
PRODUCT DATA**

I hereby state that I am

- ☐ the owner of the small business concern identified below:
- ☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN: **Classen Immunotherapies, Inc.**ADDRESS OF SMALL BUSINESS CONCERN: **6517 Montrose Avenue  
Baltimore, MD 21212**

I hereby state that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR. Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

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I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☒ the specification filed herewith with title as listed above.
- ☐ the application identified above.
- ☐ the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

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- ☒ No such person, concern, or organization exists.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR § 1.27).

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I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time or paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR. § 1.28(b)).

NAME OF PERSON SIGNING: John Barthelow Classen, M.D. , M.B.A.

TITLE OF PERSON IF OTHER THAN OWNER: Chief Executive Officer

ADDRESS OF PERSON SIGNING: Classen Immunotherapies, Inc.  
6517 Montrose Avenue  
Baltimore, MD 21212

SIGNATURE:



DATE:

11/24/99

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**COMBINED DECLARATION AND POWER OF ATTORNEY****(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)**

As a below-named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ national stage of PCT
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (C-I-P).

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **SYSTEM FOR CREATING AND MANAGING PROPRIETARY PRODUCT DATA**, the specification of which:

- (a) ☒ is attached hereto OR
- (b) ☐ was filed on \_\_\_\_\_ as United States Application Serial Number /\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable)
- (c) ☐ was described and claimed in PCT International Application Number \_\_\_\_\_, filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

**Best Available Copy**

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**SUPPLEMENTAL DECLARATION (37 C.F.R. § 1.67(b))**

- ☐ I hereby declare that the subject matter of the
- ☐ attached amendment
- ☐ amendment filed on \_\_\_\_\_

was part of my/our invention and was invented before the filing date of the original application, above-identified, for such invention.

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR § 1.56.

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ in compliance with this duty, there is attached an Information Disclosure Statement, in accordance with 37 C.F.R. § 1.98.

**PRIORITY CLAIM (35 U.S.C. §§ 119(a)-(d))**

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a-d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed.

(complete (d) or (e))

- ☒ no such application(s) have been filed.
- ☐ such applications have been filed as follows:

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**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

| COUNTRY (or<br>indicate if PCT) | APPLICATION<br>NUMBER | DATE OF FILING<br>(day/month/year) | PRIORITY CLAIMED<br>UNDER 37 USC<br>119                  | CERTIFIED COPY<br>ATTACHED?                              |
|---------------------------------|-----------------------|------------------------------------|--|--|
|                                 |                       |                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                 |                       |                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                 |                       |                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)**

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States *provisional* application(s) listed below.

| Application Numbers | Filing Date (month/day/year) |
|---------------------|------------------------------|
|                     |                              |
|                     |                              |

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)  
UNDER 35 U.S.C. § 120**

- ☐ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

| COUNTRY (or<br>indicate if PCT) | APPLICATION<br>NUMBER | DATE OF FILING<br>(day/MONTH/year) | PRIORITY<br>CLAIMED? |
|---------------------------------|-----------------------|------------------------------------|----------------------|
|                                 |                       |                                    |                      |
|                                 |                       |                                    |                      |
|                                 |                       |                                    |                      |
|                                 |                       |                                    |                      |

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**POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

|                     |                 |
|---------------------|-----------------|
| John F. Letchford   | Reg. No. 33,328 |
| Evelyn H. McConathy | Reg. No. 35,297 |
| Michael B. Fein     | Reg. No. 25,333 |

- [ ] I hereby appoint the practitioner(s) associated with Customer Number \_\_\_\_\_ to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- [ ] Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

Direct all telephone calls and correspondence to:

John F. Letchford, Esquire  
DILWORTH PAXSON LLP  
3200 Mellon Bank Center  
1735 Market Street  
Philadelphia, PA 19103-7595

Telephone: (215) 575-7000  
Facsimile: (215) 575-7200

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



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**ADDED PAGES TO COMBINED DECLARATION  
AND POWER OF ATTORNEY**

- ☐ Signature for subsequent joint inventors. Number of pages added: \_\_
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added: \_\_
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of pages added: \_\_
- ☐ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR § 1.47)
- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.  
Number of pages added: \_\_
- ☐ Authorization of practitioner(s) to accept and follow instructions from representative.

☒ This Declaration ends with this page.

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